



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

**GUIDANCE ON THE DEFINITION AND USE OF THE  
CHILD SURVIVAL AND DISEASE PROGRAMS FUND**

**April 10, 2000**

**FINAL**

# GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND DISEASE (CSD) PROGRAMS FUND

## TABLE OF CONTENTS

### ACRONYMS

<b>I.</b>	<b>SUMMARY .....</b>	<b>2</b>
	A. Introduction .....	2
	B. Authority, Scope and Definitions.....	2
	C. Structure of the Guidance .....	4
	D. Guide to Modifications .....	5
	E. Points of Contact .....	7
<b>II.</b>	<b>RELATIONSHIP TO THE USAID STRATEGIC PLAN.....</b>	<b>7</b>
	A. Goal Four: Protecting Human Health .....	7
	B. Goal Three: Building Human Capacity.....	7
<b>III.</b>	<b>ALLOWABLE USES OF CHILD SURVIVAL AND DISEASE PROGRAMS</b>	
	<b>ACCOUNT .....</b>	<b>8</b>
	A. Protecting Human Health.....	8
	1. Child Health and Survival.....	8
	Special Considerations.....	9
	Integrated Management of Childhood Illnesses.....	9
	PVC Child Survival Grant Program .....	9
	Special Targets/Directives .....	10
	Vulnerable, Disadvantaged or Deprived Children .....	11
	Water and Sanitation .....	11
	Funding Considerations .....	12
	2. Maternal Health and Survival.....	12
	Special Considerations.....	13
	Funding Considerations .....	13
	3. HIV/AIDS Prevention and Care .....	13
	Special Considerations.....	14
	LIFE Initiative .....	14
	Children Affected by HIV/AIDS .....	14
	HIV/AIDS Support for the Military/Police.....	15
	Use of HIV/AIDS Funds for Control of Tuberculosis .....	16
	Funding Considerations .....	16
	4. Infectious Diseases Initiative.....	16
	Special Considerations.....	17
	Specific Country Needs .....	17
	5. Health Systems and Capacity Strengthening.....	18

Special Considerations .....	19
Funding Considerations .....	19
6. Other Health Related Activities.....	19
B. Building Human Capacity.....	19
1. Basic Education for Children .....	19
<b>IV. PRESERVING THE INTEGRITY OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT .....</b>	<b>20</b>
A. Planning, Monitoring and Evaluation .....	21
B. Directives, Coding and Reporting.....	21
Special Considerations.....	22
Technical Assistance for CSD Activities .....	22
Prohibitions on CSD Funding.....	23
Co-Programming of CSD with Other Accounts .....	23
Co-Programming using Food for Peace .....	23
Coding Non-CSD Activities for Health .....	24
Secondary Emphasis Area Coding.....	24
<b>V. ADDITIONAL GUIDANCE.....</b>	<b>26</b>
 <b>APPENDICES</b>	
<b>APPENDIX I: Points of Contact .....</b>	<b>27</b>
<b>APPENDIX II: Foreign Assistance Act of 1961, as amended, Foreign Operations, Export Financing and Related Programs, Appropriations Act FY 2000 – Language Authorizing the CSD Fund and Relevant Conference Report Language.....</b>	<b>28</b>
<b>APPENDIX III: Relevant Emphasis Area Code Definitions .....</b>	<b>33</b>
<b>APPENDIX IV: Technical Reviewers for this Guidance .....</b>	<b>41</b>

## ACRONYMS

### CHILD SURVIVAL AND DISEASE

AFR.....Africa  
 ANE.....Asia and Near East  
 ARI.....Acute Respiratory Infection  
 BCI.....Behavior Change Interventions  
 BHR.....Bureau for Humanitarian Response  
 CHS.....Child Health and Survival  
 CSD.....Child Survival and Disease Programs Fund  
 DA.....Development Assistance  
 DCOF.....Displaced Children and Orphans Fund  
 DFA.....Development Fund for Africa  
 DOTS.....Directly Observed Therapy – Short Course  
 DP.....Development Planning Office  
 ESF.....Economic Support Fund  
 FAA.....Foreign Assistance Act  
 FFP.....Food for peace  
 FSA.....FREEDOM Support Act  
 FY.....Fiscal Year  
 G.....Global Bureau  
 GC.....General Counsel  
 IEC.....Information, Education and Communication  
 IMCI.....Integrated Management of Childhood Illnesses  
 IPA.....Inter-Agency Personnel Authority  
 LAC.....Latin America and Caribbean  
 LIFE.....Leadership and Investments in Fighting the  
     Epidemic Initiative  
 M/B.....Office of Budget, Bureau for Management  
 NGOs.....Non-Governmental Organizations  
 MH.....Maternal Health  
 OGC.....Office of General Council  
 PDC.....Policy Development Coordination  
 PHN.....Center for Population, Health and Nutrition  
 PLHA.....Persons Living with HIV/AIDS  
 PPC.....Program and Policy Coordination  
 PSC.....Personal Service Contract  
 PVC.....Private Voluntary Cooperation  
 PVO.....Private Voluntary Organization  
 R4.....Results Review and Resource Request  
 SCT.....Sewage Collection and Treatment Systems  
 SEED.....Support for East European Democracy  
 STI.....Sexually Transmitted Infections  
 TAACS.....Technical Advisors in AIDS and Child Survival  
 TB.....Tuberculosis  
 UEH.....Urban Environmental Health  
 UNICEF.....United Nations Children’s Fund  
 US.....United States  
 USAID.....United States Agency for International  
     Development  
 USAID/W.....U.S. Agency for International  
     Development/Washington  
 USG.....United States Government  
 USPVO.....U.S. Private Voluntary Organization  
 VCT.....Voluntary HIV Testing and Counseling  
 WSS.....Water Supply Systems

### PRIMARY EMPHASIS AREA CODES

AMRD.....Anti-Microbial Resistance  
 ARIN.....Acute Respiratory Infection  
 BREC.....Breastfeeding/CHS  
 CODD.....Control of Diarrheal Disease  
 EDAL.....Adult Literacy  
 EDEC.....Basic Education for Children  
 ENVC.....Environmental Health/CHS  
 ENVH.....Environmental Health  
 HCAR.....HIV/AIDS Care and Support  
 HIVA.....HIV/AIDS Prevention  
 IMMN.....Immunization  
 MALC.....Malaria/CHS  
 MALD.....Malaria  
 MDRC.....Prosthetics/Medical Rehabilitation/CHS  
 MDRO.....Prosthetics/Medical Rehabilitation  
 MHCS.....Maternal Health/Child Survival  
 MICC.....Other Micronutrient/CHS  
 MICR.....Other Micronutrient  
 MSPG.....Maternal Health/Safe Pregnancy  
 NUTC.....Other Nutrition/CHS  
 NUTM.....Nutrition/MH  
 NUTN.....Other Nutrition  
 ORPH.....Orphans and Displaced Children  
 OTID.....Other Infectious Diseases  
 OPTH.....Other Population, Health, Nutrition  
 PARC.....Policy Analysis, Reform and Systems Strengthening/CHS  
 PARH.....Policy Analysis, Reform and Systems Strengthening/HIV  
 PARM.....Policy Analysis, Reform and Systems Strengthening/MH  
 PARS.....Policy Analysis, Reform and Systems Strengthening  
 PLIO.....Polio Eradication  
 PNBf.....Breastfeeding/Population  
 PNNP.....Non-Family Planning Services  
 PNPd.....Policy Analysis and Program Development/Population  
 PNPS.....Family Planning Services/Population  
 SURH.....HIV/AIDS Surveillance  
 SURV.....Surveillance and Response  
 TUBD.....Tuberculosis  
 VITC.....Vitamin A/CHS  
 VITM.....Vitamin A/MH

### SECONDARY EMPHASIS AREA CODES

CDO.....Cooperative Development Organization  
 INS.....Institution Building  
 ITA.....Information and Communications Technology  
 Applications  
 ITI.....Information and Communication Technology  
 Infrastructure  
 NGL.....Local Indigenous Non-Governmental Organizations  
 NPN.....NGO Strengthening  
 PVL.....Local PVO  
 PVI.....Third-Country PVO  
 PVU.....U.S. PVO  
 RBE.....Educational Research

RDV .....Development Research  
RFP .....Population Research  
RHL .....Health Research

# **GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND DISEASE (CSD) PROGRAMS FUND**

## **I. SUMMARY**

### **A. Introduction**

The purpose of this document is to provide comprehensive guidance to USAID operating units at the mission, regional and central bureau levels on the definition and use of the Child Survival and Disease Programs Fund (hereafter referred to as the “CSD” Account); to delineate special considerations and procedures for programming CSD funds; and to provide reference documents to technical, program, and budget officers.

### **B. Authority, Scope and Definitions**

The CSD Account must be used within the parameters and directives set by Congress; within the Agency's results framework and programmatic guidelines; and for maximum impact on Agency health, basic education or other directed objectives within a particular region or country.

**Appropriation Authority:** Monies from the CSD Programs Fund are made available under the authority of the annual Appropriations Act for Foreign Operations, Export Financing, and Related Programs. In terms of the scope of the legislation, this Act authorizes CSD activities by providing “for necessary expenses . . . for child survival, basic education, assistance to combat tropical and other diseases, and related activities.” (See Appendix II for the FY 2000 Appropriations Act as well as relevant Conference Report language. USAID staff should be sure to consult the applicable authorization and appropriation legislation each fiscal year as changes may occur.)

**Notwithstanding Authority:** A “notwithstanding” provision is found in Section 522 of the FY 2000 Appropriation Act. This notwithstanding authority allows USAID to initiate or continue CSD assistance notwithstanding cases where United States Government (USG) assistance to a particular country would otherwise be terminated or withheld, e.g., due to the overthrow of a democratically elected government. In other words, the notwithstanding authority overcomes country prohibitions (except as noted directly below), but not prohibitions on the mode of assistance. The exception to this rule is the absolute prohibition on CSD assistance to countries that the President has determined support international terrorism. The current list includes Cuba, Iran, Iraq, Libya, North Korea, Sudan, and Syria. [Note: Section 6 of the Horn of Africa Recovery and Food Security Act permits development assistance, including CSD assistance, for Sudan, Ethiopia and Somalia.] Congress has given the President the authority to add countries to those listed. If operating units have questions about these provisions of law relative to CSD assistance that is being contemplated, please contact the regional legal advisor or the Office of the General Counsel (GC).

This notwithstanding clause is “self-executing.” Formal, written USAID/W approval is not required to utilize notwithstanding authority. Please note, however, that as a policy, not legal, matter, bureaus and offices within USAID/W may require their approval before the notwithstanding authority may be applied. Operating units must check with the relevant bureau or office, document their decision, and notify the appropriate GC office (the Regional Legal Advisor for the field or GC for USAID/W) and the Bureau for Policy and Program Coordination (PPC). PPC, with G/PHN, will track operating units making use of the “notwithstanding” authority. Before using CSD funds in close calls and uncertain circumstances, please contact PPC, which will in turn consult with GC .

There are prohibitions, restrictions, and questionable uses of the CSD Account, for example:

- Prohibitions include the use of CSD assistance to countries that the President has determined support international terrorism, discussed above. Also, the FY 2000 CSD Appropriation provides that “none of the funds appropriated under this heading may be made available for non-project assistance for health and child survival programs, except that funds may be made available for such assistance for ongoing health programs.” Examples of such prohibited non-project assistance are monetary payments to host country governments as part of sector reform efforts.
- Agency restrictions limit the use of CSD funds for support of child spacing to activities that are an integral part of a larger child survival effort, whose objective is to reduce infant and child mortality.
- Questionable uses include such examples as construction of a bridge to enable patients to reach clinics, or attempts to fund any portion of Mission operating costs.

Direct questions about prohibitions, restrictions, and questionable uses should be addressed to the PPC Senior Policy Advisor for Population, Health and Nutrition (PHN) who will consult with GC as appropriate.

**Agency Policy on Use of CSD Funds:** In January 1999, the Administrator and Assistant Administrators met to consider options related to the use of the CSD Account. At that meeting, Agency leadership confirmed that, given strong Congressional interest, it was desirable to use the CSD account primarily to support activities that fall within health/nutrition and basic education and as specifically directed by Congress. It was agreed that two key principles -- “direct impact” and “optimal use of funds” -- be used when determining whether activities are appropriate for CSD Account funding. Explanations of these terms follow below.

- **“Direct impact”** is defined as the ability to relate the results of an activity in a measurable way to the desired objective. Direct impact can include both proximal *causation* and measurable *contribution* to the desired outcome. For example: polio immunization can reduce deaths caused by polio and reduce paralysis and loss of mobility due to polio. Enhancing positive behavior change among HIV high-risk populations can reduce the transmission of HIV/AIDS. Promoting birth preparedness can directly reduce

maternal morbidity and mortality and the adverse outcomes to women as a result of pregnancy and childbirth.

- The **“optimal use of funds”** essentially refers to the prioritization of the funding of an activity in terms of its effectiveness and efficiency. Activities that produce the greatest impact on the objective should be funded with the CSD Account over those that may show a lesser impact. Optimal use will depend on severity and magnitude of the problem, overall developmental needs, the stage of program development or program maturity, and comparative advantage of one activity over another in terms of cost effectiveness and estimated return on investment. Prioritization of program interventions based on optimal use of funds should be a major consideration at the time of program design and program planning, and the rationale for intervention selection should be included in the operating unit’s overall planning documents.

If an operating unit is considering using funds for activities that do not clearly fall within the definitions described herein, it should consult with USAID/W for further programmatic or legal guidance (See Chapter V for procedures). Any activity that is determined to fall *outside* the Guidance will require USAID/W review and approval. If there are other questions, contact the appropriate regional bureau or technical coordinator in the Global Bureau (see contact list in Appendix I).

The Agency has finalized guidance on “Primary Emphasis Codes and Related Secondary Codes, by Agency Goal and Objective,” dated June 24, 1999. If using funds from the CSD Account: (a) activities must be consistent with the Agency results framework and the guidance specified herein; (b) funds must be used for the specific congressional directive and purpose for which they were allocated; and (c) funds must be programmed, coded and accounted for as such. For convenience, the relevant codes are included in the narrative below. A complete listing of relevant primary emphasis codes, by Agency goal and objective, is attached as Appendix III. In addition, secondary emphasis codes for research and Private Voluntary Organizations (PVOs) are also included in Appendix III. The importance of correctly coding activities cannot be overemphasized as it affects the Agency’s ability to accurately inform CSD program managers and Congress how the CSD Account is utilized and the impact of these investments.

### **C. Structure of the Guidance**

This document, “The Guidance on the Definition and Use of the Child Survival and Disease (CSD) Programs Fund” is comprised of five chapters and five appendices. Chapter I summarizes the CSD Account. Chapter II describes how the CSD Account relates to the USAID strategic plan, and more specifically to Agency Goal 3, “Human capacity built through education and training” and Goal 4, “World population stabilized and human health protected.”

Chapter III discusses allowable uses of the CSD account within the relevant portions of the Agency Strategic Plan. The framework sets the stage for further detailed discussion of allowable activities that may be funded by the CSD Account. Each Agency objective is discussed inclusive



of recommended coding for the activities. As it is impossible to cover every issue that may arise in the future, a reference list of contacts for further information is provided in Appendix I.

With the intent of preserving the integrity of the Congressionally mandated CSD Programs Fund, Chapter IV presents the approved parameters of the CSD Account as specified by Congressional directives, the budget category of the accounts that the Agency has established, and coding for specifics of the elements of the CSD Account. The importance of planning, monitoring, and reporting in order to accurately and fully report to program managers, Congress and the public are also explained in Chapter IV. Congress legislates for specific activities in regard to the CSD Account and requires detailed reporting to show that the funds have not been co-mingled or used inappropriately. Some operating units have sectorally integrated activities. While integrating appropriate activities is encouraged, activities must clearly describe and demonstrate appropriate use of the CSD Account in regard to direct impact and optimal use of funds as discussed in the previous section. In order to accomplish this, coding activities correctly is extremely important. A table in Chapter IV provides assistance in organizing codes according to directives, and Appendix III provides relevant code definitions.

Chapter V outlines procedures for operating units who propose to use the CSD Account for activities outside the described parameters of this Guidance.

In addition there is a set of appendices which includes: Appendix I: Points of contact; Appendix II: Section 104(c)(2) of the Foreign Assistance Act of 1961, as amended, Excerpts related to the CSD Programs Fund from the Foreign Operations, Export Financing and Related Programs, Appropriations Act, FY 2000 and excerpts from relevant Conference Reports; Appendix III: Code Definitions for Relevant Agency Goals; and Appendix IV: Names of Technical Reviewers for this Guidance.

#### **D. Guide to Modifications**

This document builds on guidance included in the USAID Policy Notice distributed on March 18, 1998. This update is the product of an extensive participatory process, involving input and review of more than seventy-five individuals including members of the PHN Sector Council, and legal, technical, program, and budget staff of operating units in both AID/W and the field. In addition, this update has been reviewed by and prepared in consultation with relevant staff on the Hill. Based on the FY 2000 Appropriation Act, it is meant to serve as the foundation for future years, for which only minor updates should be required resulting from changes in legislation, strategies or lessons learned.

This revised document attempts to clearly articulate definitions and delineate parameters for the use of the CSD account. It gives illustrative examples of allowable uses, so as to provide a frame of reference for operating units. It highlights special considerations for each category to direct attention to specific concerns or programming issues.

## **Specific Additions or Modifications to Previous Guidance**

- Authority is specified, including appropriations and notwithstanding (pages 2-3). Specific legislative language is included as Appendix II.
- Programming criteria for “direct impact” and “optimal use” are defined. (page 3-4).
- The text is organized by strategic objective, with specific text added for Maternal Health and Survival (pages 12-13). Long-term sustainability of priority CSD programs is often effected by institution building; therefore, a section has also been included on health systems and capacity strengthening (pages 18-19). For additional reference, there is a cyber-link to the Agency Strategic Plan (Page 7).
- The importance of budgetary coding is highlighted, and reference is made throughout the document as to which codes are to be used for which activity. Definitions of specific codes are listed in Appendix III. There is also a cyber-link that provides further guidance on emphasis area and budgeting codes (page 36).
- An entire new Chapter is included on “Preserving the Integrity of the CSD Account,” which goes into considerable detail on the planning, monitoring, and evaluation, as well as directives, coding and reporting (pages 20-24). A summary chart of directives/coding by agency objective, type of money and directive, and coding is included (page 25). Special considerations for maintaining the integrity of the CSD account are noted as follows:
  - Technical Assistance and the CSD Funding (page 22).
  - Specific Prohibitions on CSD Funding (page 23).
  - Co-Programming of Funds within the CSD Account with Other Accounts (page 23).
  - Co-Programming with Food for Peace (page 23).
  - Coding Non-CSD Activities for Health (page 24).
  - Secondary Emphasis Area Coding (page 24).
- Articulation of special programmatic considerations, not included in previous guidance, are as follows:
  - Integrated Management of Childhood Illnesses (page 9).
  - PVO Child Survival Grant Programs (page 9).
  - Funding Considerations for Maternal Health and Survival (page 13).
  - Leadership and Investments in Fighting the Epidemic (LIFE) Initiative (page 14).
  - Children Affected by HIV/AIDS (page 14).
  - HIV/AIDS in Military, Police, and Other Law Enforcement Agencies (page 15).
  - Use of HIV/AIDS Funds for Control of Tuberculosis (page 16).
  - Funding Considerations for Health Systems and Capacity Strengthening (page 19).

Additional guidance is provided on the procedures to follow if an operating unit is proposing to use the CSD Account for activities outside the parameters specified in this guidance (page 26).

## E. Points of Contact

General questions concerning this notice or overall guidance may be directed to PPC's Senior Policy Advisor for Population, Health and Nutrition. For general questions concerning technical or programmatic issues, please contact the Director of G/PHN's Office of Health and Nutrition. The Administrator has designated the Director of the Office of Health and Nutrition as the primary point of contact on operational issues related to the CSD account.

## II. RELATIONSHIP TO THE USAID STRATEGIC PLAN

Two Agency goal areas **primarily** encompass the objectives of the CSD activities, namely:

### A. Under Goal 4, "World population stabilized and human health protected," the CSD Account covers four of the five Agency Objectives

- Infant and child health and nutrition improved and infant and child mortality reduced.
- Deaths and adverse health outcomes to women as a result of pregnancy and child birth reduced.
- HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.
- The threat of infectious diseases of major public health importance reduced.

### B. Under Goal 3, "Human capacity built through education and training," the CSD Account substantively covers one of the two Agency Objectives

- Access to quality basic education for under-served populations, especially for girls and women, expanded.

To encourage better integration of environmental activities with infectious diseases, child survival, maternal health, and other health activities, there are special considerations for water and sanitation activities conducted under various Agency environmental objectives, including those on sustainable urbanization and water resources management. Such water and sanitation activities may be considered for funding from the CSD account **if and only if** these programs contribute **directly** to child health and survival objectives. Note that water and sanitation activities included under health sector objectives, and determined by operating units to be critical in meeting such objectives are not subject to these special considerations. (See Chapter III and IV below for further guidance. For the complete USAID Strategic Plan online, visit the following web address: [http://www.info.usaid.gov/pubs/strat\\_plan/](http://www.info.usaid.gov/pubs/strat_plan/))

### **III. ALLOWABLE USES OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT**

#### **A. Protecting Human Health**

This section provides a brief explanation of allowable activities for each of the relevant Agency objectives related to the CSD Account. In addition, a category for Health Systems and Capacity Strengthening is included to allow for the Agency's sustainable development objective of assuring the long-term accessibility, efficiency, effectiveness and quality of its health and nutrition programs. Other Health is included to encourage innovative programs or to respond to country specific program needs.

In each category delineated below, allowable activities can include interventions such as:

- *Support for direct service delivery* in both public and private sectors.
- *Strengthening of systems* in both the public and private (including private voluntary, not-for profit and commercial) sectors.
- *Strengthening of community participation and mobilization.*
- *Development of management capacity.*
- *Enhancement of training, quality assurance, and supervision.*
- *Support for information, education and communication (IEC) activities.*
- *Provision of data collection and analysis.*
- *Support for operations and applied research.*
- *Strengthening of policy analysis, dialogue and policy initiatives.*
- *Sustaining efforts to secure a stable and diversified resource base.*
- *Support of the rational management and use of essential drugs/commodities.*
- *Sustaining strong, ongoing evaluation mechanisms* to encourage continuous improvement of the management and quality of programs and systems.

The following sections further define allowable activities in each specific category.

#### **1. Child Health and Survival**

Allowable activities for this category are those that make a direct measurable impact on improving infant/child health and nutrition and reducing infant/child mortality. Specific interventions include:

- *Providing key child health and survival interventions* that primarily focus on prevention, treatment, and control of the five primary childhood killers, which are diarrheal disease, acute respiratory disease, malnutrition, malaria (directed primarily at children) and vaccine preventable diseases. Interventions directed toward these areas are the keystone of USAID's child survival program.

- *Combating malnutrition* through promotion of general child nutrition via nutrition policy improvement, education and growth monitoring, young child nutrition, breastfeeding, and prevention of nutritional deficiencies in children, especially through delivery of micronutrients.
- *Improving maternal health* to protect the outcome of pregnancy through such efforts as the prevention, treatment, and control of maternal infections through the use of safe birthing, postpartum/neonatal care including treatment of obstetric and newborn complications, and child spacing (*limited, as in the past, to those activities in which birth spacing efforts are conducted as part of a larger child survival effort with the objective of reducing infant and child mortality*).
- *Introducing environmental health interventions* to prevent the spread of childhood diseases from environmental factors, such as improving water supply and sanitation, promoting good hygiene behavior, and controlling vector-borne diseases.
- *Strengthening health system and financing* activities through in-country capacity building, progressive decentralization and community level work, active private sector involvement, and distribution of commodities using the commercial sector.

Operating units can code these activities with the following Primary Emphasis Area Codes: “ARIN”, “BREC”, “CODD”, “ENVC”, “IMMN”, “MALC”, “MDRC”, “MHCS”, “MICC”, “NUTC”, “ORPH”, “PARC”, and “PLIO”.

### **Special Considerations for Child Health and Survival**

- **Integrated Management of Childhood Illnesses (IMCI):** IMCI strategies involve improving health worker skills, systems and community practices related to combating pneumonia, diarrhea, malnutrition, measles and, depending on location, activities to control, prevent and treat malaria. The comprehensive approach of IMCI poses a challenge to code the activity correctly. To code funding for an IMCI program, operating units should prorate the funding by the relevant set of technical areas, such as: “ARIN”, “CODD”, “IMMN”, “MALC”, “MICC”, “NUTC” and “VITC”.
- **Private Voluntary Cooperation (PVC) Child Survival Grant Program:** Allowable uses include the Bureau for Humanitarian Response/PVC-administered PVO Child Survival Competitive Grants Program, which supports effective community-oriented child survival programs that measurably improve infant and child health and nutrition and contribute to the reduction of infant and child mortality. Though centrally administered, Missions have the opportunity for input during the review of all USPVO applications submitted to BHR/PCV for funding. BHR/PCV is responsible for programming, coding and reporting on these activities.

- **Special Targets/Directives:** USAID has established a target for vitamin A and other micronutrients, and Congress has provided, as in previous years, directives for polio eradication and displaced children and orphans. If CSD program funds are used for special targets/directives, then the activity must be consistent with the Agency directive-specific results framework and be coded and accounted for as such. Descriptions of allowable activities for each target/directive follow below.
  - a) ***Micronutrient Activities:*** The attainment of micronutrient sufficiency is a prime focus of USAID's overall child survival strategy. Interventions include supplementation, fortification and dietary modification activities, including home gardening. Because expanded delivery of vitamin A is central to USAID's micronutrient strategy, in countries where vitamin A deficiency is prevalent, operating units are encouraged to incorporate vitamin A capsule delivery into their child survival programs. Other important micronutrient interventions are those that address iron, zinc and iodine deficiency. The option for the delivery of multiple micronutrients can also be explored as part of a larger nutrition program. Operating units can use either of the following Primary Emphasis Area Codes for these activities: "VITC" and "MICC".
  - b) ***Polio Eradication Activities:*** USAID has joined forces with other international, bilateral and national efforts to eradicate polio. A governing principle of USAID's polio strategy is to contribute to the eradication of polio in a way that strengthens health systems, particularly for the delivery of vaccines. Allowable activities include: developing effective partnerships to support polio eradication and vaccination; strengthening immunization support systems in the public and private sector; improving timely planning and implementation for supplemental polio vaccinations and other interventions when appropriate; improving acute flaccid paralysis surveillance and response; and improving timely dissemination and use of information to continuously improve the quality of polio eradication activities. Activities that link polio eradication with immunization and disease control activities are also allowed. However, polio eradication needs to be the primary focus of the activity. Operating units can use the following Primary Emphasis Area code for all polio activities: "PLIO".
  - c) ***Displaced Children and Orphans Fund Activities:*** The Displaced Children and Orphans Fund (DCOF) provides financial and technical assistance for the care and protection of children who are displaced or vulnerable due to separation from their families, great risk of losing family care and protection, or other sources of extreme vulnerability. In Section 538 (a) of the FY 2000 Appropriation, Congress provided for DCOF activities are available "notwithstanding any other provision of law." This is the broadest notwithstanding authority that Congress can provide and is a separate authority (along with section 522 discussed on page two, above) to carry out DCOF activities. The DCOF focuses primarily on children affected by war, including child soldiers, children orphaned by HIV/AIDS, and street children. The emphasis is on

strengthening family and community capacity in identifying and responding to the special physical, social, educational and emotional needs of these children. The end goal is to reunite children with their immediate or extended families.

unaccompanied  
child

Allowable activities include: documentation, tracing and reunification of children separated from their families during conflict; psychosocial programs; community mobilization; and vocational training and income generation projects to replace years of lost education and skills for future occupations. In the case of the soldier, there can be special attempts to reintegrate the ex-combatants as quickly as possible after demobilization. Operating units can use either of the following Primary Emphasis Area Codes for these activities: “MDRO” and “ORPH”.

- **Vulnerable, Disadvantaged or Deprived Children:** Congress may direct special programs for vulnerable, disadvantaged or deprived children. These programs follow the guidance of the Appropriation or Conference Report. For example, a portion of PVO grants are devoted to blind children. In the 2000 legislation, there is a special earmark for AIDS orphans. In FY 1999, there was a \$50 million supplemental for children affected by the Asian Economic Crisis, the Latin American hurricanes, and HIV/AIDS. Operating units will be advised of coding for these special directives when they occur.
- **Water and Sanitation:** There are special considerations for water and sanitation activities conducted under various Agency environmental objectives, including sustainable urbanization and water resource management. Such water and sanitation activities may be considered for funding from the CSD account **if and only if** these programs contribute **directly** to child health and survival objectives. Note that water and sanitation activities included under health sector objectives, and determined by operating units to be critical in meeting health objectives, are not subject to these special considerations.

It is recognized that the appropriate proportion of CSD Programs funds versus other funds in support of a given activity will vary from one program and setting to another. As a general rule, if the use of child survival monies exceeds thirty percent of the total funding for a water and sanitation activity, results package or objective (not included under a strictly health objective of this guidance), operating units must seek prior approval from USAID/W as outlined in Chapter V. If approval is granted, the use of CSD account funds could be higher than thirty percent. However, this would depend on the program and its contribution to improved child health and reduced child mortality.

Operating units should document for their files how they determined the appropriate proportion of child survival funding to use for water and sanitation activities. To determine the appropriate share of child survival budget category versus other funding, operating units should consider a variety of factors including: the degree of

mortality/morbidity of children due to water and sanitation problems; expected impact on mothers and children given the affected population and degree to which the program will directly affect children and their mothers; and percent of population under age five affected by the program. There may be other factors to consider given the nature of the program and the country context.

Operating units should use commonly accepted child survival indicators related to water supply, sanitation, and hygiene to monitor and report on the outcomes of these water and sanitation activities. In general, improved access to services is a necessary but usually not sufficient condition for improved child health. Therefore, indicators should include those that also monitor improved use of facilities and/or directly measure improved hygiene. Representative indicators have been previously described in various Agency publications and strategies.

Operating units should use the primary code “ENVC” for activities encompassing those child health problems related to environmental conditions. In addition, where appropriate, operating units may also consider applying secondary codes such as those that appear under the Agency’s environment goal category including “WSS”, “SCT”, and “UEH” to further articulate activities.

- **Funding Considerations:** Child survival budget category funds cannot be used for the purchase of contraceptives. Child spacing activities are limited to those education and service activities in which birth spacing efforts are conducted as part of a larger child survival effort with the objective of reducing infant and child mortality. Careful planning, monitoring, coding and reporting is required to disaggregate CSD funding from population funding.

## 2. Maternal Health and Survival

Allowable activities under this category are those that contribute directly to the strategic objective of reducing deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth. Specifically, maternal health and survival activities are primarily directed to adolescent girls and women of reproductive age and are centered on four related areas:

- *Improving maternal nutritional status* (pre-pregnancy, pregnancy and between pregnancy nutrition): appropriate micronutrient interventions, including iron to reduce iron deficiency anemia, vitamin A supplementation and others.
- *Promoting birth preparedness*: including prenatal care; planning for a clean and safe delivery attended by a skilled, professional attendant; adequate nutrition for weight gain during pregnancy; micronutrient supplements; preventing, detecting and treating infections including tetanus, malaria, HIV/STDs and others; recognition of



complications; and planning for emergency transport and payment of fees associated with emergency care.

- *Providing safe delivery and postpartum care:* including clean delivery and elimination of harmful practices; recognition, referral and treatment of maternal complications; post-partum care that includes identification and treatment of post-partum complications; and, post-partum and neonatal preventive care, and counseling on birth spacing, proper rest, nutrition, breastfeeding and hygiene for the mother.
- *Managing and treating life-threatening complications:* including families and community members recognizing complications of pregnancy and of abortion and providing obstetric first aid; and timely, high quality care for obstetric complications by skilled, professional providers using basic medications and manual procedures.

Operating units can use any of the following primary codes for these activities: “MICR”, “MSPG”, “NUTM”, “PARM”, and “VITM”.

### **Special Considerations for Maternal Health and Survival**

- **Funding Considerations:** At this point there is no directive or special budget category for maternal health. Therefore, maternal health activities can be funded with monies from the “other health” budget category or as part of reproductive health using population funds. To the extent that the activity is part of the child survival program, then funding can be used from the child survival budget category and should be coded using a child survival code.

### **3. HIV/AIDS Prevention and Care**

Allowable activities for HIV/AIDS prevention and care are those that contribute directly to the Agency strategic objective of reducing HIV transmission and mitigating the impact of the HIV/AIDS pandemic. This requires a comprehensive, locally tailored approach that engages sufficient community, government, private sector, non governmental organization (NGOs), and donor resources in a consistent and complementary manner. The strategies should reflect the stage of the epidemic and the distribution of “those most likely to contract or transmit” HIV. Allowable activities include:

- *Improving the policy/social environment:* Policy dialogue, community mobilization, and networking with NGOs, private sector, and persons living with HIV and AIDS (PLHA) can expand service delivery and promote the dignity and human rights of vulnerable groups. Activities include the use of policy tools to leverage political and financial support for such programs and support change in social norms.
- *Enhancing behavior change interventions (BCI):* A strategic mix of interpersonal and mass media interventions to build knowledge, skills and motivation for avoiding HIV

risks (e.g. sexual transmission, injecting drug use), reducing HIV stigma and discrimination (voluntary HIV testing & counseling (VCT)) and increasing acceptance and access to male and female condoms.

- *Managing and preventing sexually transmitted infections (STIs):* Because the presence of a STI can increase the efficiency of HIV transmission, improving STI case management is an effective intervention. Enhanced STI management should focus on symptomatic men and high-risk female populations. Activities include validating syndromic management protocols, training, monitoring, supplying materials for sound clinical and counseling services, improving drug logistics, assuring quality of blood supply, and proper needle disposal.
- *Increasing the capacity of NGO, community-based, public and private sector organizations to prevent HIV transmission and support persons living with HIV/AIDS, their caregivers, families and survivors:* Activities could include NGO-strengthening, establishing support networks for PLHA, selected treatments of opportunistic infections (especially tuberculosis), appropriate use of interventions to reduce mother-to-child HIV transmission, and community-based support for orphans or children affected by HIV/AIDS.
- *Increasing the quality, availability, and use of evaluation and surveillance information:* Accurate, current data about HIV, STI and risk behaviors are essential for planning and evaluation. Activities can include the development of improved tools and models for collecting, analyzing, and disseminating HIV/AIDS behavioral and biological surveillance and monitoring information; assisting countries to establish and/or strengthen these systems; and defining and disseminating "best practices" to improve program efficiency and effectiveness.

Operating units should use the following Primary Emphasis Area Codes for these activities: "HIVA", "PARH", "HCAR", and "SURH".

### **Special Considerations for HIV/AIDS Prevention and Care**

- **Leadership and Investments in Fighting the Epidemic (LIFE) Initiative:** Beginning in 1999 Congress appropriated funds for the LIFE initiative as a special effort to allow USAID to scale up prevention activities; to provide better support for those sick and dying of AIDS; to help the vast numbers of children affected by HIV/AIDS; to provide pregnant women with access to new treatments to reduce transmission to their newborns, and to support better HIV surveillance and national HIV/AIDS management capabilities. LIFE initiative funds are targeted to a subset of the most severely affected regions/ countries: twelve in Africa, four African regional HIV/AIDS programs, and India. They supplement the existing HIV/AIDS programs in those countries to make a significant impact. Operating units will be required to report on the LIFE initiative and its impact.

- **Children Affected by HIV/AIDS:** Also of particular interest are children affected by HIV/AIDS. Allowable activities include:

- a) *Increasing support for orphans and highly vulnerable children:* Funds should be directed to community-based, inter-sectoral (i.e. education, nutrition, income generation) and peer-to-peer approaches.
- b) *Reducing mother-to-child transmission of HIV/AIDS:* Funding may be used to support pilot programs for reducing mother-to-child transmission. Priority should be given to monitoring and evaluation; voluntary counseling and testing; and supporting basic antenatal care. Exclusive breastfeeding should continue to be supported for the first six months for all women. If a woman tests positive for HIV, she should be counseled concerning risks and benefits of all feeding options to maximize child survival.
- c) *Improving community-based medical management of sick children in high HIV/AIDS prevalence areas:* Funding should be used to modify treatment guidelines for children in areas with high HIV prevalence. There is currently a poor fit between traditional management of sick children and the needs of sick children in high HIV prevalence settings. Use of special IMCI protocols could improve child health, lessen suffering and avoid costly hospital based care.
- d) *Preventing the trafficking of children:* The repatriation of children who have been trafficked and reintegration of those children back into their communities is extremely difficult. Therefore, priority should be given to the prevention of the initial trafficking of potential victims for HIV/AIDS.

Support for children affected by HIV/AIDS can be covered by both the HIV/AIDS line or the Displaced Children and Orphans Fund. USAID is currently considering coding alternatives to accurately reflect funding for children affected by AIDS.

- **Use of CSD Account to Address HIV/AIDS in Military, Police or other Law Enforcement Agencies:** The CSD Account may be used to address HIV/AIDS in military, police or other law enforcement agencies, subject to compliance with legislative prohibitions on other support to such agencies. It is critical to understand these prohibitions, described below.

Section 660 of the Foreign Assistance Act of 1961, as amended, prohibits the provision of training, advice, or any financial support for police, prisons, or other law enforcement forces subject to the exceptions of FAA Section 660. In addition, general principles of appropriation law prohibit the use of foreign assistance funds for military purposes. However, GC has held that these prohibitions will not apply to assistance used for the prevention, treatment and control of, and research on, HIV/AIDS in police and military forces, **if the following conditions are met:**

- a) The programs or activities in which the military, police or other law enforcement agencies would participate are *part of* a larger public health initiative “primarily for the benefit of the general, civilian population” (not separate or stand-alone assistance to police or military personnel) to combat HIV/AIDS, and exclusion of the police and military would impair the achievement of the initiative’s public health objectives;
- b) The program or activities for the military, police or other law enforcement agencies must be the same as that for civilian groups similarly situated in terms of HIV/AIDS transmission risk; and “the inclusion of the military, police or other law enforcement agencies is incidental to the broader purpose”; and
- c) Neither the program or activities, nor any commodities transferred under the program, can be readily adaptable for military, police or other law enforcement purposes.

Assistance that will generally not meet the above conditions includes: advice, training, or financial support for military, police or other law enforcement activities.

Use does not require a specific, written request or formal approval if this guidance is followed. However, operating units should be aware that as a policy, not legal, matter, bureaus or offices in USAID/W may require their approval before HIV/AIDS assistance is provided to the military, police and law enforcement personnel. Operating units must document their decisions and, if required, check with the relevant bureaus and offices in USAID/W beforehand. If it is a close question or if you are confused about applying the three criteria, above, to determine whether inclusion of the military, police or other law enforcement agencies as part of a larger overall HIV/AIDS program is appropriate or authorized, please contact your regional legal advisor or PPC, which in turn may consult GC.

- **Use of HIV/AIDS Funds for Control of Tuberculosis (TB):** Tuberculosis is a major cause of death for individuals with HIV/AIDS. Because TB is so often an opportunistic infection secondary to HIV/AIDS, posing a significant risk to the public, TB control activities related to HIV/AIDS programs may be funded with HIV/AIDS funds to the extent that these activities are primarily conducted to address persons with dual HIV and TB infection.
- **Funding Considerations:** HIV/AIDS commodities (condoms and drugs) are critical for prevention, diagnosis, and treatment of HIV/AIDS opportunistic and sexually transmitted infections. CSD account funds may be used for commodity procurement for HIV/AIDS. However, the projection of future worldwide needs in this area is staggering and cannot be met through any single fund. In responding to the AIDS epidemic, operating units are encouraged, where possible, to use CSD and other USAID resources to leverage and mobilize other donor/local resources in order to help meet the enormous needs worldwide.

#### 4. Infectious Diseases Initiative

Allowable activities are those that contribute directly to the Agency strategic objective to reduce the threat of infectious diseases of major public health importance. As a **complement** to USAID's ongoing child survival and disease activities, an infectious disease initiative was launched by USAID in 1998. Specifically, allowable activities are centered on four elements:

- *Reducing the spread of antimicrobial resistance:* including understanding the risk factors for increased resistance; developing new methods/technologies to identify, prevent and detect resistance; and improved drug use management and drug use policies and practices and other interventions such as surveillance to monitor and reduce the spread of resistance.
- *Improving control of tuberculosis:* including strengthening local capacity to implement Directly Observed Therapy/Short Course (DOTS), and testing alternative approaches to DOTS or other strategies; improved surveillance of TB and of multi-drug resistant TB strains; and research to identify improved technologies/methods for TB diagnosis and treatment. (Note: Widespread TB control efforts should not be initiated in the absence of confirmable and strong program management and oversight to ensure consistent program quality).
- *Improving prevention, control and treatment of malaria:* including increased access/appropriate use of insecticide-treated bed nets; improved use of drugs to treat malaria and reduce drug resistant strains; improved recognition, diagnosis and treatment of malaria at health facilities, at home or in the community; improved prevention and management of malaria in pregnancy; continued research on epidemiology/transmission of malaria, new approaches/technologies for diagnosing and treating malaria; and development of a malaria vaccine.
- *Improving local capacity for surveillance and response for infectious diseases and health:* including strengthening surveillance and response capacity by improving collaborating partnerships; improved use and quality of data for action; expanded capacity building including training and improved lab capacity; development and use of improved tools, including rapid diagnostics, policy tools, data gathering tools; and improved understanding of disease patterns and trends.

Operating units should use the following Primary Emphasis Area Codes for these activities: "AMRD", "TUBD", "MALD", "SURV", and "OTID".

#### Special Considerations for the Infectious Disease Initiative

- **Specific Country Needs:** Surveillance activities need not be limited to antimicrobial resistance, tuberculosis, or malaria, but can cover a wider range of infectious disease or

public health issues. If operating units wish to use resources to address other infectious diseases not noted above (such as dengue, meningitis, yellow fever, or chagas, etc.), they may do so if such a disease presents a major public health threat in that country or region and there is a clear role for USAID. Operating units should consult the detailed Agency infectious disease strategy or contact the technical coordinator for further guidance on specific interventions and activities for other infectious diseases. Operating units should use either of the following Primary Emphasis Area Codes for these activities: “SURV” and “OTID”.

## **5. Health Systems and Capacity Strengthening**

Activities relate to the Agency’s sustainability objective of assuring the long-term accessibility, efficiency, effectiveness, quality, equity and sustainability of health and nutrition programs. Specifically, allowable activities geared towards building self-reliance include:

- *Improving appropriate health sector reforms* that support and protect policies related to CSD programs.
- *Assuring quality, effectiveness and financial sustainability* of CSD programs in the context of decentralization and health sector reform.
- *Reorganizing health sectors* including realignment of roles within the health sector such as redefining which institutions deliver services, make policies and set standards on financing services and supplies.
- *Strengthening health information systems and resources* to better inform health policy and management decision-making.
- *Improving the quality of and capacity* to deliver health care services that are responsive to patient and community needs.
- *Strengthening human resources and management* with progressive decentralization and work at the community level.
- *Involving the private sector* actively in the provision of health care.
- *Improving logistic systems* for pharmaceuticals and improving drug quality, supplies, equipment and facilities, to include use of the commercial sector more extensively for distribution of commodities.
- *Developing new and improved technologies and approaches* to effectively plan and deliver quality population, health and nutrition services.

Allowable activities may be designed to improve or enhance functioning of the health systems, host country institutional capacity, or specific CSD priority programs such as child survival, maternal health, HIV/AIDS, or infectious diseases. Areas of attention may include: comprehensive health sector reform; quality assurance; drug management; information systems; monitoring and analysis of demographic and health data; program improvements such as policy, evaluation, strategic planning and resource allocation; and health care financing mechanisms such as cost control, user fees, privatization, and health insurance programs.

Operating units can use any of the following Primary Emphasis Area Codes for these activities: “PARC”, “PARM”, “PARH”, or “PARS”.

### **Special Considerations for Health Systems and Capacity Strengthening**

- **Funding Considerations:** At this point in time there is no directive or special budget category for health systems development or capacity strengthening. Therefore, relevant health activities can be funded with monies from “health promotion/other health” budget category. To the extent that the activity is part of the any CSD program for the purpose of that program, such as child survival, HIV/AIDS or infectious diseases, then funding can be used from the relevant CSD budget category.

### **6. Other Health Related Activities**

Additional work focusing on child survival and disease can also be directed through a variety of additional approaches. These include activities directed towards addressing detrimental environmental conditions (ENVH) as well as medical rehabilitation efforts (MDRO), and other nutrition programs not previously mentioned (NUTN). If indicated by either prevalence or magnitude as a major public health problem, an operating unit may justify other relevant health activities as part of their strategic planning or R4 process, assuming that their direct impact on child survival and diseases can be well-articulated and is considered to be an optimal use of funds. Operating units can use “OTPH” as the primary code for these activities.

### **B. Building Human Capacity**

This section provides a brief explanation of allowable activities under the Agency Strategic Objective on building human capacity through education. Agency Objective 3.1 reads, “Access to quality basic education for under-served populations, especially for girls and women expanded.”

According to the language in the FY 2000 House Appropriations Committee Report, these funds are for basic education of children. Adult literacy programs do not qualify for funding under the CSD account, but can be funded from other sources (e.g. DA, ESF, FSA, SEED, etc.).

#### **1. Basic Education for Children**

Allowable activities include those that expand access to quality basic education for under-served populations, especially for girls. These activities were traditionally covered under previous basic education directives, such as early childhood development, primary and secondary education, as well as the training of teachers working at any of these levels in both formal and non-formal settings. In particular, activities aimed at expanding access to, completion of, and/or quality in any of these educational levels are included. In general, such allowable activities focus on:

- *Improving policies* bearing on basic education for children.
- *Improving the performance* of relevant institutions.
- *Introducing improved classroom teaching and system management practices and supportive educational technologies.*
- *Increasing community capacity* to participate in educational decision-making; and supporting quality improvements.
- *Expanding access to quality basic education for under-served populations*, including girls, linguistic or ethnic minorities, rural and urban poor, children with disabilities, children in nations in crisis or transition.
- *Encouraging the application of education technology* to enable access to a quality basic education.
- *Employing applied research and pilot studies* to identify methods to improve the effectiveness of any of the activities just mentioned also qualify for support.

Operating units can use the primary emphasis code “EDEC” for these activities.

#### **IV. PRESERVING THE INTEGRITY OF THE CHILD SURVIVAL AND DISEASE PROGRAMS ACCOUNT**

If using program funds from the CSD Account: a) activities must be consistent with the Agency results framework and the guidance specified herein; b) funds must be used for the specific congressional directive and purpose for which they were allocated; and c) funds must be programmed, coded and accounted for as such. Compliance requires careful planning, monitoring and reporting, and strict adherence to Congressional directives and Agency coding guidelines.

The USAID Administrator has appointed the Director of G/PHN’s Office of Health and Nutrition to be responsible for: bringing issues on the CSD account to the attention of Agency leadership; in conjunction with the Policy and Program Coordination Bureau, working with the Office of



Budget and regional bureaus to ensure that CSD funds are allocated appropriately and effectively; and responding to inquiries from Congress and other partners on the planning, implementation and monitoring of the CSD account.

## **A. Planning, Monitoring and Evaluation**

Funds must be used within the parameters set by Congress, the Agency results framework and this guidance, and then adapted to global, regional, and country needs. At the planning stage, the criteria for selecting specific interventions should stand the litmus test of having “direct impact” on the Agency’s strategic objectives 4.2 through 4.5 and 3.1 and other Congressional directives, as well as demonstrate an “optimal use of funds.”

To ensure the appropriate use of the funds and that activities meet these criteria, operating units should develop monitoring and evaluation plans necessary to accurately report on the activities or projects supported by these funds. For activities conducted by intermediaries, operating units should explicitly communicate and pass on reporting, implementation, and documentation requirements to contractors/recipients/grantees in relevant program descriptions for procurement instruments. Operating units should be sure that scopes of work for new contracts, cooperative agreements and grants reflect this guidance on definition and appropriate use of CSD funds. In addition, Cooperating Agencies are asked to report voluntarily all PHN expenditures that are funded by USAID—from both G/PHN and from all overseas missions. Missions also report their PHN related expenditures. USAID, through a contractor (John Snow, Inc.) developed a data collections system, the PHN Projects Database (PPD), and continues to collect information from all contractors/recipients/grantees and missions. Twice each year, the contractor contacts partners and missions and requests that each provides a detailed summary of specific expenses by source funds.

## **B. Directives, Coding and Reporting**

It is imperative that operating units follow the parameters set forth in the previous guidance but also adhere to congressional directives, and the corresponding budget categories and coding developed by the Agency. USAID recognizes that Agency Objectives differ from Congressional directives. However, USAID has agreed, through Congressional consultations, to break down reporting in the following categories, each of which has specific technical parameters and definitions as noted in the above guidance:

- 1) Child Survival and Maternal Health
  - a) Child Survival/Health
    - ARI/Diarrheal Disease, Immunization, IMCI, Environmental Health, Nutrition, etc.
    - Polio
    - Micronutrients
  - b) Maternal Health and Survival
  - c) Health System and Capacity Strengthening
  - d) Vulnerable and Displaced Children

- Displaced Children and Orphans Fund
  - Children Affected by HIV/AIDS
  - Special Programs for Vulnerable Children
- 2) Targeted Infectious Diseases
- a) HIV/AIDS
    - HIV/AIDS Prevention and Care
    - LIFE Initiative
    - Vulnerable Children/Orphans
  - b) Infectious Disease Initiative
    - Tuberculosis
    - Malaria
    - Antimicrobial Resistance/Surveillance

### 3) Basic Education for Children

The Agency paralleled these directives with budget categories to compose the CSD Account. Also, within the CSD Fund, a directive is included for UNICEF, but that money passes directly to UNICEF through the State Department's international organization mechanism.

CSD funds are to be used for activities that directly affect the objectives and activities as outlined in Chapter III above. While a number of sustainable development activities have a powerful and sometimes even direct impact on child survival, the legislation and the USAID policy is to focus funding for the CSD account on these activities.

Congress has requested a detailed report of the CSD funds by program, project, implementing agency and dollar amounts be due by February 15 for the previous budget year. In reporting budget and program activities, operating units should pay careful attention to accurate budget coding. Accurate coding is imperative to ensure correct reporting and crediting as well as for determining future funding levels. Further guidance regarding emphasis area coding has been issued by M/B (See Emphasis Area Coding by Agency Goal and Objective, dated June 24, 1999. For a listing of Agency Budget Emphasis Codes, see Appendix III. If you have questions, please contact your bureau, regional DP, or M/B for complete details). To achieve a complete and useful reporting in this required report to Congress, operating units may be asked to provide supplemental information, including specific activity information, lessons learned, successes and/or problems or concerns. G/PHN is responsible for preparation and submission of this annual report.

### Special Considerations for Directives, Coding and Reporting

- **Technical Assistance for CSD Activities:** Under the Agency's allowable activities, operating units can use CSD Account funds to obtain technical expertise through a variety of mechanisms such as Personal Service Contracts (PSCs), Intergovernmental Personnel Act assignments (IPAs), the Technical Advisors in AIDS and Child Survival program

(TAACS), or the Health and Child Survival Fellows program for the design, implementation, and evaluation of CSD programs. The funds should be coded according to the scope of work (e.g. HIVA code for an AIDS TAACS). If the technical expert works on a variety of CSD activities, then the person's time should be coded proportionately to relevant activities. If the advisor works on population/family planning activities, then population funds must be used for that advisor or for the proportion of the advisor's time spent on such activities. For additional information on the TAACS Program or Health and Child Survival Fellows Program, contact the Cognizant Technical Advisor.

- **Prohibitions on CSD Funding:** The child survival budget category cannot be used for the purchase of contraceptives for family planning nor used to make up for shortfalls in population funding or in any other program. However, within the CSD account, HIV/AIDS directed funds are appropriately used for purchasing condoms for HIV/AIDS prevention.
- **Co-Programming of CSD with Other Accounts:** CSD funds may under certain restrictions be utilized with other account funds in a single integrated program. But, be reminded, CSD funds must be used for the purposes intended by Congress as detailed in this guidance, and must be accounted for and reported separately. In other words, operating units can co-program activities funded from the CSD account with programs and activities funded from other funding sources as long as activities are reported on and accounted for separately. If utilizing both CSD and DA/population funds to support a single program, the amount of CSD funds must be proportionate to the relative balance of CSD related activities in the program and reported separately. For example, if approximately 25 percent of a program's activity is directed to family planning and 75 percent to CSD activities, missions must ensure that no more than 75 percent of program funds come from the CSD account. Operating units must use clear language in defining what CSD funds are being used for, especially when programs are jointly funded by the CSD Account, Development Assistance Account, and/or other Funding Accounts (Economic Support Fund, Freedom Support Act, etc). Operating units will be required to disaggregate CSD and other activities in Congressional notifications and in the R4 reporting.
- **Co-Programming using Food for Peace (FFP):** Operating Units are reminded that Title II resources are provided to cover the cost of commodity procurement and ocean transportation for all Title II activities. In the case of landlocked countries, additional Title II resources are provided to cover the costs associated with internal transport, storage and handling costs. For Title II nonemergency (development) activities, operating units with both FFP and CSD activities are encouraged to consider the integration of CSD funds with those from Title II where activities are mutually supportive. CSD funds may be used to provide a more complete maternal/child health, nutrition or HIV/AIDS activity along with Title II food resources. Where activities are integrated, the Title II component can also receive direct Title II support with either Section 202(e) or monetization

resources when they are available. Operating units are encouraged to work with Agency partners to strategically program activities funded by Title II with those supported by CSD funds. In that effort, operating units are reminded that while CSD resources may be used to support Title II activities, Title II resources are limited to supporting the Title II component of any activity; likewise CSD funds need to be used for CSD activity. Both need to be reported separately.

- **Coding Non-CSD Activities for Health:** Operating units funding activities with DA/DFA, ESF, FSA and SEED funds should carefully review the focus of the activity and code it accordingly. It is important that all funds supporting health activities are coded properly according to Agency Budget Coding Guidance. Coding these funds under “Other Health” should be avoided as much as possible. “Partnership” and “primary health care” activities should be reviewed and allocated across the appropriate agency objective (infant/child health, maternal health, infectious diseases, HIV/AIDS, etc.).
- **Secondary Emphasis Area Coding:** Operating units are required to utilize secondary coding for “Research” and “Institutional Mechanisms”, and operating units are encouraged to code for Information Technology. Appendix III includes detailed information on these secondary codes.

<b>Summary of Directives and Coding</b> <b>By Agency Objective, Type of Money &amp; Directives, and Coding Structure</b>							
<b>Agency Objective</b>	<b>AO. 4.1 Unintended and mistimed pregnancies reduced.</b>	<b>A.O. 4.2 Infant and child health and nutrition improved and infant and child mortality reduced.</b>	<b>A.O. 4.3 Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced.</b>	<b>A.O. 4.4 Human immunodeficiency virus (HIV) transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.</b>	<b>A.O. 4.5 The threat of infectious diseases of major public health importance reduced.</b>	<b>A.O.4.2-4.5</b>	<b>A.O. 3.1 Access to quality basic education for under-served populations, especially for girls and women, improved and expanded.</b>
<b>Type of Money &amp; Directives</b>	Population Only	Child Survival - DCOF - Polio - Micronutrient	Child Survival & Other Health, and in some cases Pop funding	HIV/AIDS Only	Infectious Diseases Initiative Only	Other Health	Basic Education For Children
<b>Coding Structure</b>	Unintended Pregnancies	Child Survival	Maternal Health	HIV/AIDS	Infectious Diseases	Other Health	Basic Education
<b>Codes</b>	PNBF PNNP PNPD PNPS	ARIN MHCS BREC MICC Codd NUTC ENVC ORPH IMMN PARC MALC PLIO MDRC VITC  <u>Also under ENV</u> SCT UEH WSS	MICR MSPG NUTM PARM VITM	HCAR HIVA PARH SURH	AMRD MALD OTID SURV TUBD	ENVH MDRO NUTN PARS OTPH	EDEC

## V. ADDITIONAL GUIDANCE

Please note that operating units are required to comply with their discrete control levels for directive or sub-categories of activities, and to report accordingly. The above guidance is intended to offer programmatic flexibility to respond to the prevalence and magnitude of public health problems at the global or country level. If there is any question, then the operating unit is encouraged to seek additional guidance. If an operating unit *seeks clarification* or has a question about whether an activity falls *within* these parameters, it should contact PPC/PDC, G/PHN, their regional bureau technical officer, or the GC's Regional Legal Advisor as appropriate.

If an operating unit *proposes* to use the CSD Account for activities *outside* of the parameters described herein, it must obtain prior approval from PPC and G/PHN, concurrence by regional bureau technical staff and clearance from GC. A request should be sent via cable, e-mail or fax to the attention of the respective regional technical officer with a copy to the appropriate DP. The request should include a detailed description of the activity, how it directly contributes to one of the Agency objectives related to child survival, HIV/AIDS, infectious diseases, maternal health, or basic education, and the measurable indicators to monitor performance.

If the mission or bureau chooses to go forward, then PPC will organize a special intra-agency committee comprised of appropriate policy, technical, program and budget personnel to review the request and make a technical recommendation. Both PPC and G/PHN must agree on any technical decision with the concurrence of the regional technical bureau and clearance from GC.

If an agreement is not reached at the technical level, the decision will be made by the appropriate Assistant Administrators for both Global and PPC, based on an action memorandum outlining the "pros and cons" on both sides of the issue.

## APPENDIX I

### Points of Contact

---

#### CONTACT PERSON/OFFICE FOR GENERAL QUESTIONS

General questions concerning this notice or overall guidance may be directed to  
Joyce Holfeld, Senior Policy Advisor, PPC/PDC (202) 712-4727.

General questions concerning technical or programmatic issues may be directed to  
Joy Riggs-Perla, Director, Office of Health, G/PHN/HN (202) 712-4626

#### For specific technical questions, please contact the relevant technical coordinators:

Child Survival	Richard Greene	(202) 712-1283
Micronutrients	Frances Davidson	(202) 712-0982
Polio	Ellyn Ogden	(202) 712-5891
Displaced Children and Orphans	Lloyd Feinberg	(202) 712-5725
HIV/AIDS	Paul Delay	(202) 712-0683
Infectious Diseases	Irene Koek	(202) 712-5403
Nutrition and Maternal Health	Miriam Labbok	(202) 712-4915
Basic Education	Don Foster-Gross	(202) 712-1573
Title II	Richard Newberg	(202) 712-1828

#### For regional or budget questions please contact the following Central or Regional Bureau Technical Officers and/or, DP Contacts:

LAC	Carol Dabbs	(202) 712-0473
	Robert Meehan	(202) 712-0197
ANE	Charles Llewellyn	(202) 712-1647
	Mary Lewellen	(202) 712-4802
E&E	Mary Ann Micka	(202) 712-4781
	Pat Matheson	(202) 712-0367
AFR	Hope Sukin	(202) 712-0952
	Paul Knepp	(202) 712-4686
Global	Joy-Riggs Perla	(202) 712-4626
	Ken Schofield	(202) 712-0160
BHR	Katherine Jones	(202) 712-1444
	Miguel Luina	(202) 712-0354
	Richard Newberg	(202) 712-1828
PPC	Joyce Holfeld	(202) 712-4727
	Don Sillers	(202) 712-5151
	Mel Porter	(202) 712-5141

#### For legal questions, please contact GC's Regional Legal Advisors.

[For the complete User's Guide to USAID/W Population, Health and Nutrition Programs online, visit:  
[http://www.info.usaid.gov/pop\\_health/phnug.htm](http://www.info.usaid.gov/pop_health/phnug.htm)]

## APPENDIX II

### Relevant Excerpt From Foreign Assistance Act of 1961, as amended Section 104 (c)(2)

---

In carrying out the purposes of this subsection, the President shall promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers. Such activities should utilize simple, available technologies which can significantly reduce childhood mortality, such as improved and expanded immunization programs, oral rehydration to combat diarrhoeal diseases, and education programs aimed at improving nutrition and sanitation and at promoting child spacing. In carrying out this paragraph, guidance shall be sought from knowledgeable health professionals from outside the agency primarily responsible for administering this part. In addition to government-to-government programs, activities pursuant to this paragraph should include support for appropriate activities of the types described in this paragraph which are carried out by international organizations (which may include international organizations receiving funds under chapter 3 of this part) and by private and voluntary organizations, and should include encouragement to other donors to support such types of activities.

---

### Foreign Operations, Export Financing, and Related Programs Appropriations Act 2000

As noted below, the FY 2000 Appropriations language that defines the Child Survival and Disease (CSD) Programs Fund (Account) and delineates Notwithstanding provisions.

#### Excerpt: 1

"For necessary expenses to carry out the provisions of chapters 1 and 10 of part I of the Foreign Assistance Act of 1961, for child survival, basic education, assistance to combat tropical and other diseases, and related activities, in addition to funds otherwise for such purposes, \$715,000,000, to remain available until expended: Provided, That this amount shall be available for such activities as: (1) immunization programs; (2) oral rehydration programs; (3) health and nutrition programs, and related education programs which address the needs of mothers and children; (4) water and sanitation programs; (5) assistance for displaced and orphaned children; (6) programs for the prevention, treatment and control of, and research on, tuberculosis, HIV/AIDS, polio, malaria and other diseases; and (7) up to \$98,000,000 for basic education programs for children: Provided further, that none of the funds appropriated under this heading may be available for non-project assistance for health and child survival programs, except that funds may be made available for such assistance for ongoing health programs. Provided further, that \$35,000,000 shall be available only for the HIV/AIDS programs requested under this heading in House Document 106-101".

#### Excerpt: 2

"Sec. 522. Up to \$10,000,000 of the funds made available by this Act for assistance under the heading 'Child Survival and Disease Programs Fund', may be used to reimburse United States Government agencies, agencies of State governments, institutions of higher learning, and private and voluntary organizations for the full cost of individuals (including for the personal services of such individuals) detailed or assigned to, or contracted by, as the case may be, the Agency for International Development for the purpose of carrying out child survival, basic education, and infectious disease activities: *Provided*, That up to \$1,500,000 of the funds made available by this Act for assistance under the heading 'Development Assistance' may be used to reimburse such agencies, institutions, and organizations for such costs of such individuals carrying out other development assistance activities: *Provided further*, That funds appropriated by this Act that are made available for child survival activities or disease programs including activities relating to research on, and the prevention, treatment and control of, Acquired Immune Deficiency Syndrome may be made available notwithstanding any provision of law that restricts assistance to foreign



countries: *Provided further*, That funds appropriated under title II of this Act may be made available pursuant to section 301 of the Foreign Assistance Act of 1961 if a primary purpose of the assistance is for child survival and related programs: *Provided further*, That funds appropriated by this Act that are made available for family planning activities may be made available notwithstanding section 512 of this Act and section 620(q) of the Foreign Assistance Act of 1961.”

---

### **Relevant Excerpt From Conference Report 106-479 on the Child Survival and Disease Programs Fund**

The conference agreement appropriates \$715,000,000 for the Child Survival and Disease Programs Fund instead of \$685,000,000 as proposed by the House. The Senate bill contained no provision on this matter, but included funds for these activities under 'Development Assistance'. The managers agree with and endorse House report language (see following excerpt) regarding the use of funds appropriated under this heading, including \$110,000,000 for a grant to UNICEF for programs consistent with the purpose of the Child Survival and Disease Programs Fund. The grant for UNICEF does not preclude USAID from providing additional funding for specific UNICEF projects as may be applicable. The managers have been assured that the success of the polio eradication program is likely to result in a significantly lower requirement for this effort in future years. The managers have included \$35,000,000 for a special initiative to fight HIV/AIDS in Africa. This is in addition to the \$145,000,000 provided in this Fund and elsewhere in the bill for ongoing HIV/AIDS programs and at least \$10,000,000 designated for children affected by the HIV/AIDS epidemic.

In implementing programs, projects, and activities to combat infectious diseases, including long-standing programs relating to malaria and measles, as well as the more recent emphasis on HIV/AIDS and tuberculosis, surveillance, and anti-microbial resistance, the conferees expect USAID to continue to consult closely with the Appropriations Committees, the Centers for Disease Control, the National Institutes of Health, and other relevant agencies involved in international health issues. In addition to the increase for HIV/AIDS, funding for AID's other infectious disease programs should exceed the fiscal year 1999 level. The managers also direct USAID to provide the Committees with a detailed report not later than February 15, 2000, on the programs, projects, and activities undertaken by the Child Survival and Disease Programs Fund during fiscal year 1999.

The managers strongly encourage USAID to reserve funds from the Child Survival and Disease Programs Fund for the establishment of a Global Infectious Diseases Reserve. The Reserve is intended to provide a mechanism for rapid and flexible response to countries with high potential to respond to infectious disease outbreaks that threaten more than one region and to serve as seed money to attract other donors and partners.

The global health threat from tuberculosis is another priority for the funds provided in this Act. Because of difficulties encountered in implementing tuberculosis language accompanying last year's Act, the managers welcome USAID's proposal to allocate \$3,000,000 in fiscal year 2000 to tuberculosis control programs in Mexico, with an emphasis on cost-sharing with Mexico on programs that focus on Mexico's border states.

In addition to increasing support for tuberculosis control worldwide, the managers urge USAID to contribute up to \$5,000,000 toward the effort led by the Atlanta-based Carter Center to eradicate illness caused by the African guinea worm.

The managers are aware that significant new private resources are now available to augment USAID's immunization programs, and commend the partners in this effort.

The managers are working with the General Accounting Office and experts from the public and private sectors to consider options for Congress to address childhood vaccine shortfalls in developing countries. The managers encourage USAID to lend its support to this initiative.

The managers direct that core child survival activities focus on effective interventions to reduce infant mortality during the first month of life through activities that focus on the health and nutrition needs of pregnant women and new mothers, a vital aspect of child survival that has not yet attracted sufficient private funds. The managers also support expansion of core child survival programs in Africa.

The managers will consider the use of not more than three percent of the amount provided for the Child Survival and Disease Programs Fund in countries funded under SEED and FREEDOM Support Act authorities. In particular, the managers urge USAID to provide up to \$2,000,000 to support non-governmental organizations that work with older orphans, including those with cognitive disabilities and mild mental retardation, to teach life and job skills. The conference agreement also continues existing limitations on the use of the Fund for non-project assistance.

The managers note that Morehouse School of Medicine is establishing an International Center for Health and Development. This center will be dedicated to forming local and international partnerships to address the health problems that are devastating Africa today. The conferees encourage USAID to provide assistance for these efforts.

---

### **Relevant Excerpt From House Report 106-254 on Preserving the Integrity of the Child Survival Fund**

In order to preserve the integrity of the Child Survival and Disease Programs Fund, the Committee directs AID to separate the administration and coordination of activities in this account from those of other global activities. . . The fiscal year 2001 budget justification and 2000 notifications of changes should not combine programs, projects, and activities funded from this account with programs, projects, and activities funded from other funding sources, except with the prior agreement of the Committee. . . The Committee is again including bill language that prohibits the use of certain funds in this account for nonproject assistance, or cash grants, to governments. The provision of cash grants as general budget support for governments is no longer an appropriate development tool, given current funding constraints. To the extent that cash grants are necessary for countries in transition or for specific foreign policy goals, funds are available through the "Economic Support Fund".

---

### **Relevant Excerpt From House Document 106-101 FY 2000 Budget Amendments**

THE WHITE HOUSE  
*Washington, July 9 1999.*

The SPEAKER OF THE HOUSE OF REPRESENTATIVES.

SIR: I ask the Congress to consider the enclosed requests for FY 2000 budget amendments for the Departments of Defense, Health and Human Services, and Justice and for International Assistance Programs. In aggregate, the FY 2000 Budget totals would not be affected by these requests.

The amendments include a proposal for a \$100 million increase in the U.S. Government investment in the global battle against AIDS, primarily in Sub-Saharan Africa, to assist in addressing the magnitude of this rapidly escalating pandemic. This prevention-focused, cross-agency initiative would leverage the respective strengths of the Department of Health and Human Services, the Agency for International Development, and the Department of

Defense in containing the spread of HIV/AIDS, providing home and community-based care to infected persons, and caring for children orphaned by the disease.

In addition to these AIDS-related proposals, a budget amendment is included that proposes to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of repatriating smuggled aliens.

The details of these requests, which are fully offset by proposals included in this transmittal, are set forth in the enclosed letter from the Director of the Office of Management and Budget. I concur with his comments and observations.

Sincerely,

WILLIAM J. CLINTON

---

EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF MANAGEMENT AND BUDGET  
WASHINGTON, D.C. 20503

106<sup>th</sup> Congress, 1<sup>st</sup> Session

July 19, 1999

The President

The White House

Submitted for your consideration are budget amendments for FY 2000 for the Departments of Defense, Health and Human Services, and Justice and for International Assistance Programs. The amendments include a proposal for a \$100 million increase in the U.S. Government investment in the global battle against AIDS. These proposals would not increase the proposed budget totals.

As described below and in more detail in the enclosures, the proposals include the following:

Department of Defense

- An increase of \$10 million is requested for the Defense Health Program. These funds will support the development of a Department of Defense program to conduct HIV prevention education activities in conjunction with DoD's ongoing training, exercises, and humanitarian assistance activities with African militaries. Infant and child health and nutrition improved and infant and child mortality reduced;

Department of Health and Human Services

- An increase of \$35 million to your request for the Centers for Disease Control and Prevention (CDC) will help to address HIV/AIDS outside the United States. Of this amount, \$13 million will enhance surveillance capabilities in eight to nine countries to track the spread of HIV infection, AIDS, and the effects of interventions in order to target programs appropriately. An additional \$13 million would be used to provide technical assistance and training to host country nationals for development of HIV prevention activities, including mass education, counseling and testing, and blood supply screening. CDC efforts would be focused on expanding the existing knowledge base in 12 countries. The remaining \$9 million would enable CDC to provide technical assistance and training as countries develop home and community-based treatment for sexually transmitted diseases and opportunistic infections to HIV-infected individuals.

International Assistance Programs

- An increase of \$45 million for the Child Survival and Disease Programs within the U.S. Agency for International Development (USAID) is requested to support your AIDS initiative focused primarily on Sub-Saharan Africa. Of the funds requested in this amendment, \$25 million will be used to implement strategies to slow the spread of HIV infection through mass education efforts, condom distribution, and interventions to reduce mother-to-child transmission; \$6 million will assist in strengthening the host countries' ability to implement their own AIDS/HIV interventions by focusing on government, private sector, non-governmental organizations and research institution capacity; and \$14 million will enable USAID to provide medical and social services to HIV-infected individuals, including treatment of sexually transmitted diseases, opportunistic infections, and tuberculosis.

A reprogramming of \$10 million in P.L. 480 Food Aid will be used to assist families and communities in caring for affected children/orphans through food assistance. This assistance will also allow a significant number of AIDS orphans to remain with their extended families and in their communities.

The increased funding is offset by reduction proposals transmitted in this package, including the following:

- Sales from the National Defense Stockpile transaction Fund, resulting in receipts in FY 2000 of \$10 million;
- A \$30 million reduction in unobligated balances in the Buildings and Facilities Program Account in the National Institutes of Health of the Department of Health and Human Services;

A \$40 million reduction in obligated and/or unobligated balances in the Sustainable Development Assistance Program in the U.S. Agency for International Development. In addition to the proposals described above, this package of amendments includes a proposal to reimburse Guam, the Commonwealth of the Northern Mariana Islands, and the Department of Justice for the costs of repatriating smuggled aliens.

I have carefully reviewed these proposals and am satisfied that they are necessary at this time. Therefore, I join the heads of the affected agencies in recommending that you transmit these proposals to the Congress.

Jacob J. Lew

Director

## APPENDIX III

### Relevant Primary Emphasis Area Code Definitions For the Child Survival and Disease Account

---

(Note: The following code definitions are currently correct. However, revisions are under consideration. When coding in the future, be sure to use the latest version of the coding guidance.)

#### Agency Goal 3: Human Capacity Built through Education & Training

##### Agency Objective 3.1: Access to Quality Basic Education Especially for Girls & Women Expanded

###### Primary Codes

<b>EDAL</b>	<b>Adult Literacy:</b> Not applicable to CSD Account
<b>EDEC</b>	<b>Basic Education for Children:</b> Activities (including teacher training) that support pre-primary, primary and secondary education. Please provide gender-desegregated benefits data to the extent possible, using FSR and MSR. *To be used for reporting the basic education Congressional Earmark.

#### Agency Goal 4: [World's Population Stabilized] and Human Health Protected in a Sustainable Fashion

##### Agency Objective 4.2: Sustainable Reduction in Child Mortality and Morbidity

###### Primary Codes

<b>ARIN</b>	<b>Acute Respiratory Infection:</b> Activities designed to prevent, control or treat ARI.
<b>BREC</b>	<b>Breastfeeding/CHS:</b> Activities designed to promote Breastfeeding in order to improve child health, nutrition, and child spacing.
<b>CODD</b>	<b>Control of Diarrheal Disease:</b> Activities designed to prevent, control or treat diarrheal disease, including production and distribution of oral rehydration therapy (ORT) or other commodities, hygiene and health education, and dietary management of diarrheal designed to reduce incidence of or complications of diarrheal disease.
<b>ENVC</b>	<b>Environmental Health/CHS:</b> Activities encompassing those health problems related to environmental conditions including untreated waste water, exposure to air pollutants, poor food hygiene, and hazardous materials. Also included is solid waste management, occupational health and injury prevention, prevention of vector-borne diseases, and water and sanitation activities designed to improve health and nutrition.
<b>IMMN</b>	<b>Immunization:</b> All activities related to the production, testing, quality control, distribution and delivery of vaccines. Includes maternal tetanus toxic immunization. Excludes polio eradication. Please refer to the Polio primary code below (PLIO).
<b>MALC</b>	<b>Malaria/CHS:</b> Malaria prevention, control and treatment activities.

<b>MDRC</b>	<b>Prosthetics/Medical Rehabilitation/CHS:</b> Activities in support of medical rehabilitation, including provision of prostheses, training of technicians, vocational rehabilitation, administrative support and facility improvements. <u>This code only applies to funds from the War Victims Fund.</u>
<b>MHCS</b>	<b>Maternal Health/Child Survival:</b> Activities designed to promote the health of adolescent girls and women of reproductive age, improve pregnancy outcomes and reduce adverse pregnancy outcomes, improve prenatal and delivery services, and promote birth spacing in order to impact on child survival.
<b>MICC</b>	<b>Other Micronutrient/CHS:</b> Activities designed in support of the control and prevention of micronutrient deficiencies, excluding Vitamin A. This includes intervention of iodine, iron, zinc, etc either singly or in combination.
<b>NUTC</b>	<b>Other Nutrition/CHS:</b> Activities directed at improving the nutritional status of men, women, and children, in order to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. Micronutrient and Vitamin A are not included in this category.
<b>ORPH</b>	<b>Orphans and Displaced Children:</b> Activities designed to support and assist orphaned or displaced children, including street children, refugees, and children orphaned as a result of HIV/AIDS.
<b>PARC</b>	<b>Policy Analysis, Reform and Systems Strengthening/CHS:</b> Activities designed to improve or enhance functioning of general PHN systems, including general PHN sector reform, quality assurance, pharmaceutical, information systems, monitoring/analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
<b>PLIO</b>	<b>Polio Eradication:</b> Activities designed to eradicate polio, maintain polio free status and contribute to the development of sustainable immunization and disease control programs in conjunction with polio eradication activities.
<b>VITC</b>	<b>Vitamin A/CHS:</b> Activities designed in support of the control and prevention of Vitamin A deficiencies.

#### **Agency Objective 4.3: Sustainable Reduction in Maternal Mortality**

##### **Primary Codes**

<b>MICR</b>	<b>Other Micronutrient: Activities</b> designed in support of the control and prevention of micronutrient deficiencies for adolescent girls and women, excluding Vitamin A. This includes intervention of iodine, iron, zinc, etc either singly or in combination.
<b>MSPG</b>	<b>Maternal Health/Safe Pregnancy:</b> Activities designed to promote health of adolescent girls and women of reproductive age, reduce reproductive morbidity and mortality and improve pregnancy outcomes. Activities include antenatal services, planning for birth, recognition of complications, emergency planning, clean and safe birth, treatment of obstetrical complications, and postpartum care. Excludes activities attributable to neonatal tetanus (IMMN), Vitamin A/MH (VITM), other micronutrient (MICR), nutrition/MH (NUTM), and HIV/AIDS Prevention (HIVA).

<b>NUTM</b>	<b>Nutrition/MH:</b> Activities directed at improving the nutritional status of adolescent girls and women, in order to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. Micronutrients and Vitamin A are not included in this category.
<b>PARM</b>	<b>Policy Analysis, Reform and Systems Strengthening/MH:</b> Activities designed to improve or enhance functioning of maternal health services within health systems, including related sector reform, quality assurance, pharmaceutical, information systems, monitoring/ analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
<b>VITM</b>	<b>Vitamin A/MH:</b> Activities designed in support of the control and prevention of Vitamin A deficiencies for adolescent girls and women.

#### **Agency Objective 4.4: Sustainable Reduction in STI/HIV Transmission Among Key Populations**

##### **Primary Codes**

<b>HCAR</b>	<b>HIV/AIDS Care and Support:</b> Activities designed to develop and promote effective strategies for providing basic care and support services to people living with AIDS (PLWA), their families and other vulnerable groups.
<b>HIVA</b>	<b>HIV/AIDS Prevention:</b> Activities designed to prevent the transmission of HIV/AIDS through information, education and communication activities to support behavior change, promote condom use, and increase access to and the use of STI services.
<b>PARH</b>	<b>Policy Analysis, Reform and Systems Strengthening/HIV:</b> Activities designed to improve or enhance functioning of general PHN systems, including general PHN sector reform, quality assurance, pharmaceutical, information systems, monitoring/analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
<b>SURH</b>	<b>HIV/AIDS Surveillance:</b> Activities designed to establish/strengthen HIV/AIDS surveillance, monitoring, and evaluation systems.

#### **Agency Objective 4.5: Threat of Infectious Diseases Reduced**

##### **Primary Codes**

<b>AMRD</b>	<b>Anti-Microbial Resistance:</b> Activities designed to address the emergence and spread of anti-microbial pneumonia, bacterial dysentery, and sexually transmitted infections. Activities can include improved technical guidelines, policies, management and usage of antimicrobials, monitoring for antimicrobial resistance and continued drug efficacy, and activities designed to support vaccine development, particularly for pneumonia and diarrheal diseases.
<b>MALD</b>	<b>Malaria:</b> Prevention, control, and treatment of malaria within the general population including activities to address drug resistant strains of malaria. Activities that fall under this code should be distinguished from those coded under MALC, (malaria/CHS activities).

<b>OTID</b>	<b>Other Infectious Diseases:</b> Activities designed to prevent, control, or treat other infectious diseases of significant public health impact, such as dengue, meningitis, leishmaniasis, etc. other than those included under child survival programs.
<b>SURV</b>	<b>Surveillance and Response:</b> Activities designed to improve national, regional and international capacity and systems for surveillance of major communicable and infectious diseases and of drug resistance. Activities captured by this code do not include surveillance activities counted under polio efforts.
<b>TUBD</b>	<b>Tuberculosis:</b> Activities designed to prevent, control or treat tuberculosis, including research and interventions to address drug resistant strains of tuberculosis.

#### **Agency Objective 4.6: Other Non-CHS or Other Public Health Programs**

##### **Primary Codes**

<b>ENVH</b>	<b>Environmental Health:</b> Activities encompassing those health problems related to environmental conditions that are not specifically attributable to children, but benefit broader segments of the population. Activities can include: untreated wastewater, exposure to air pollutants, poor food hygiene, and hazardous materials. Also included is solid waste management, occupational health and injury prevention, prevention of vector-borne diseases, and water and sanitation activities designed to improve health and nutrition.
<b>PARS</b>	<b>Policy Analysis, Reform and Systems Strengthening:</b> Activities designed to improve or enhance functioning of general health systems, including general health sector reform, quality assurance, pharmaceutical, information systems, monitoring/analysis of demographic and health data, program improvements such as policy, evaluation, strategic planning and resource allocation, and health care financing mechanisms, such as cost control, user fees, privatization and health insurance programs.
<b>MDRO</b>	<b>Prosthetics/Medical Rehabilitation:</b> Activities in support of medical rehabilitation, including provision of prosthesis technicians, vocational rehabilitation, administrative support and facility improvements. This only applies to funds from the War Victims Funds
<b>NUTN</b>	<b>Other Nutrition:</b> Activities directed at improving the nutritional status of men, women, and children in order to raise health status, improve pregnancy outcomes, and improve productivity and purchasing power. Micronutrients and Vitamin A are not included in this category.
<b>OTPH</b>	<b>Other Population, Health, Nutrition:</b> For activities that cannot be ascribed specifically to any of the foregoing codes, but that do contribute to USAID's PHN goal and objectives. <u>To use this code, Missions must be able to clearly articulate how activities under OTPH contribute to the Agency's PHN objectives.</u>

[For further explanation concerning the Emphasis Area Code Definitions, visit the following internal web address: <http://www.usaid.gov/AFR/bps2000/>. There is also a PPT presentation at: <http://www.usaid.gov/AFR/bps2000/bpsadmin.ppt>]



## **Relevant Secondary Emphasis Area Code Definitions For the Child Survival and Disease Account**

---

**(Note: The following code definitions are currently correct. However, revisions are under consideration. When coding in the future, be sure to use the latest version of the coding guidance.)**

### **Research**

Research is a mandatory annual reporting requirement. The following research codes have been revised to conform to the Agency's strategic Plan. Please note that the subcategories of basic, applied, and development research are externally required.

Definition of Research (Agency Policy on Research, 1997): Research is defined as the systematic investigation of a well-defined problem. USAID supports research that is intended to produce knowledge that will offer solutions to specific development challenges. The research process incorporates a well-defined hypothesis, a defined methodology for the gathering of information, analysis of data and interpretation of the data to formulate conclusions. This definition includes research, experimentation and product development in all fields. This definition excludes: routine product testing; quality control; geographic mapping; collection of general purpose data and statistics; routine monitoring and evaluation of an operational program; research for the sole purpose of training scientific and technical personnel; and routine activities that contribute to project design of assessment.

The following activities are NOT research: routine product testing, quality control, mapping, collection of general purpose statistics, experimental production, routine monitoring and evaluation of an operational program, and the training of scientific and technical personnel. Surveys (including DHS) and routine data collection are included unless a component of a research activity.

### **Most USAID funded research is captured by Applied Research.**

The sum of the research and development entries under the research and development secondary codes must equal 100 percent of the research and development supported in a given activity (no more, no less). These codes are central to the annual reporting requirements on all U.S.G. sponsored research and development.

### **Applied Research Codes**

<b>RBE</b>	<b>Educational Research:</b> Research and experimentation in support of basic education systems and systems management, including sector assessments, policy analysis, development of planning models and experimentation with education technologies.
<b>RFP</b>	<b>Population Research</b> (includes Family Planning and Contraceptive Research): Biomedical research and biotechnology to advance development, adaptation, and application of appropriate contraceptives and STD prevention. Behavioral, social science, and operational research to develop service delivery strategies for family planning and reproductive health, policy, demographic strategies, and IEC materials. Research in comparative sociology, cultural and social structure; analysis of population variables (fertility, mortality and migration) as they affect or are affected by other socio-economic and natural variables (e.g. relationship between education and fertility; effects of birth spacing on maternal and infant health).
<b>RHL</b>	<b>Health Research:</b> Research in support of child survival, nutrition, improved nutrition (including micronutrient), maternal/neonatal health and decreasing HIV/AIDS and infectious diseases. This includes environmental health, vaccine development, etiology of diseases as well as new methods, approaches and technologies that treat, cure or prevent human disease. Behavioral, social science,

and operations research (including controlled field trials) **IS** included as relevant to improvement in human health.

### **Development Research Codes**

**RDV**                    **Development Research:** The systematic application of knowledge toward the **production** of useful materials, devices, systems, or methods; including design development and improvement of prototypes and new processes to meet specific requirements.

### **Information Technology (IT) (Infrastructures and Applications)**

The two codes that follow are intended to assist the Agency in identifying our cross cutting work in two distinct, but related areas: building the information capacity or infrastructure (ITI) of developing countries and their people and institutions (for instance telecom industry, radio broadcasting, internet gateways, automated host government systems, etc.); as well as activities and programs that focus on information technology-based sector applications (ITA) (for instance, telemedicine, distance education, automated capital markets and central banking systems, or radio broadcasting to achieve open elections, etc.).

**Each or both of the two codes can be applied to any goal/objective primary activity.** The two related codes are consistent with the Agency Strategic Plan (ASP) which identifies IT as "cross cutting" and identifies IT approaches across all the Agency goal areas. And, the two codes derive from the Agency's Policy Determination (PD-22) -- "Telecommunications, Information, and the Global Information Infrastructure", the guidance document which focuses USAID on building sector-based infotech activities and programs, and also the enabling environments that are required to support them, in order to assist with the building of the Global Information Infrastructure (GII).

Note: There are two other secondary codes (pages 11 and 25) which identify info tech-related activities and which are linked only to specific goals and objectives: DFI (Free Flow of Information) linked to the Democracy and Government Goal (specifically AO 2.3); and EEI (Environment and Energy Technology Information and Exchange) linked to the Environment Goal (specifically AO 5.4).

**ITI**                    **Information and Communications Technology Infrastructure:** Activities aimed at creating the enabling environments for sustainable development and which involve information technologies such as radio, TV, as well as newer telecommunications and networking tools (such as wireless radios and internet). The enabling environments include infrastructure building, policy and regulations, capital investments, training and financial assistance to enable local providers and systems users to design and operate telecommunications and information systems. Also to include support for introduction of new technologies and upgrades to existing networks and systems.

**ITA**                    **Information and Communications Technology Applications:** Activities supporting and utilizing various types of information technologies, but with a focus on sustainable development and humanitarian assistance applications. For instance, ITA applications activities can be found in every Agency goal area: in the economic growth and agriculture goal area (i.e. agricultural marketing supported by internet); in population, health and nutrition (i.e. enhanced health services supported by computer-based systems); in environment (i.e., geographical information systems and remote sensing); in democracy and governance (enhanced networking among NGOs supported by better rural telecommunications access); in the human capacity development area (increased elementary teacher training based on computer-based systems); and in the humanitarian assistance area (enhanced early warning crisis information through internet-based communications).

## Other

**INS**                    **Institution Building:** Activities that build or strengthen institutions. In the broadest sense, institutions include markets, systems of land tenure, legal institutions, and the like. However, because institutions become tangible only through particular organizations, much of USAID institutional effort emphasizes improving the policies and procedures of key organizations.

## Non-Governmental Organizations (NGOs) and Private Voluntary Organizations (PVOs):

An NGO is defined as a non-governmental organization, organized either formally or informally, that is independent of government (although, for coding purposes, the term excludes for-profit enterprises and religious institutions except for religiously affiliated development organizations). USAID does not propose to establish a code for NGO because we already have codes that identify the component parts with which we are most involved. These parts and their illustrative USAID codes are as follows:

- \* Private and Voluntary Organizations (PVO): PVU, PVL and PVI.
- \* Cooperative Development Organization: CDO.
- \* Host-country organizations similar to PVOs, which do not meet the PVO criteria below: NGL.
- \* University, college, accredited degree-granting institution of education.
- \* Institution engaged solely in research or scientific activities: the R-- series.
- \* Labor: DCLA under "Goal 2."
- \* Political Party: the DE-- series under "Goal 2."

A PVO is defined as a private non-governmental organization (but not a university, college, accredited degree-granting institution of education, private foundation, institution engaged solely in research or scientific activities, a church or other organization engaged exclusively in religious activity) which

- \* is organized under the laws of a country;
- \* receives funds from private sources;
- \* is nonprofit with appropriate tax exempt status if the laws of the country grant such status to nonprofit organizations;
- \* is voluntary in that it receives voluntary contributions of money, staff time, or in-kind support from the public; and
- \* is engaged in voluntary charitable or development assistance activities, other than religious, or anticipates doing so.

Regardless of any other coding, all funding via PVO's should be coded using the four codes below. (For purposes of coding, "PVO" also includes cooperative development organizations (CDOs), i.e., cooperatives.)

**PVU:** A U.S. PVO organized in the United States, but not necessarily registered with USAID.  
or  
**PVL:** A local PVO operating in the country under whose laws it is organized.  
or  
**PVI:** A third country PVO or international PVO not included in PVU or PVL above.  
or

<b>CDO:</b>	Cooperative Development Organization - A private association of persons joined together to achieve a common economic objective. It is an enterprise owned jointly by those who use its facilities or services and where any profits are returned to those same users. (CDOs are considered "not-for-profit" organizations rather than "nonprofits.")
<b>NPN</b>	<b>NGO Strengthening:</b> NGO activities related to improving the capacity of non-governmental organizations to work in partnership with government and to participate in sustainable development activities; support for organizational strengthening (technical and management) across sectors; includes improving the enabling environment for the NGO sector, such as legal, regulatory, and policy reform affecting the formation, status and operation of local non-government organizations.
<b>NGL</b>	<b>Local Indigenous Non-Governmental Organizations:</b> For coding purpose, an NGL is defined as a local indigenous non-governmental organization, organized either formally or informally, that is independent of government, and is not otherwise covered by any of the other codes above.

## APPENDIX IV

### Technical Reviewers for this Guidance (All or Relevant Chapters)

---

#### Global Bureau

G/PHN/DAA:	Duff Gillespie, Ray Kirkland
G/PHN/HN:	Joy Riggs-Perla, Paul Ehmer
G/PHN/HN/CS:	Richard Greene, Francis Davidson, Ellen Ogden
G/PHN/HN/EH:	Irene Koek, Lloyd Feinberg, John Borrazzo
G/PHN/HN/HPSR:	Bob Emrey, Forest Duncan, Robin Gulick
G/PHN/HN/NMH:	Miriam Labbok, Mary Ellen Stanton
G/PHN/HN/HIV/AIDS:	Paul Delay, Alan Getson, Linda Sussman, John Novak, David Stanton, David Piet
G/PHN/OFPS:	Richard Cornelius, Ellen Lynch, Karen Welch, Carl Henn
G/PHN/POP:	Scott Radloff, Tara Lewing, Wyman Stone, Barbara Crane
G/HCD:	Don Foster-Gross
G/ENV:	Alan Hurdis

#### Other Bureaus

BHR/PVC/CS:	Katherine Jones
BHR/PPE:	Carolyn Kiser
BHR/FFP:	Richard Newberg, Rene Berger
LAC/RSD-PHN:	Carol Dabbs, Annette Bongiovanni, Karen Cavanaugh, Pamela Wyville-Staples, Robert Meehan
ANE/SEA/SPA:	Charles Llewellyn, Gary Cook, Mary Lewellen
AFR:	Hope Sukin, Subhi Medhi, Holly Fluty-Dempsey, Mary Harvey, Paul Knepp
ENI:	Mary Ann Micka , Bonnie Ohri, Pat Matherson
M/B/RA:	Peter Theil, Robbin Boyer, Pat Brown
PPC/PDC:	Joyce Holfeld, Don Sillers, Caryn Miller, Jennifer Mann, Janine Sides, Brett Empey
PPC/CDIE:	Catherine Clelend
OGC:	John Power, John Niemeyer
LPA:	Barbara Bennett

#### Field/Mission

Egypt:	Christopher McDermott
India:	Victor Barberio
Bolivia:	Susan Brems
Morocco:	Susan Wright, Michele Moloney-Kitts
Guatemala:	Mary Ann Anderson

#### Group Reviews/Presentations

ANE Program Officers Training, September 1999  
PHN Sector Council, October, 1999  
ANE/E-E State of the Art Training Course, October 1999

**Clearances:**

DAA/PPC:AVanDusen	<u>/S/</u>	Date <u>4/07/00</u>
A-AA/G:BTurner	<u>/S/</u>	Date <u>3/31/00</u>
G/PHN/HN:JRiggs-Perla	<u>Email</u>	Date <u>3/31/00</u>
M/B/OD:JPainter	<u>/S/</u>	Date <u>4/07/00</u>
AA/AFR:VDerryck	<u>/S/</u>	Date <u>4/04/00</u>
AA/E&E:DPressley	<u>Pat Matheson for (email)</u>	Date <u>4/03/00</u>
AA/ANE:RRandolph	<u>/S/</u>	Date <u>4/05/00</u>
A-AA/LAC:CLEonard	<u>Email</u>	Date <u>3/30/00</u>
AA/BHR:HParmer	<u>Len Rogers for</u>	Date <u>4/05/00</u>
AA/LPA:JCrapa	<u>/S/</u>	Date <u>3/30/00</u>
GC:SMcAllister	<u>Drew Luten for</u>	Date <u>4/06/00</u>

Approved on 04/10/2000, signed by Thomas H. Fox, AA/PPC.

USAID/General Notice  
POLICY PPC/PDC  
06/13/2000

Subject: Guidance on the Definition and Use of the Child  
Survival and Disease Programs Fund

Attached is the "Guidance on the Definition and Use of the Child Survival and Disease Programs Fund." This document is to give comprehensive guidance to USAID technical, project, legal, and budget officers.

The CSD guidance articulates defining criteria for the use of the CSD Fund to include those activities with "direct measurable impact" and "optimal use"; delineates the parameters for use of CSD funds, citing illustrative examples of allowable uses; and highlights special programming and budgetary considerations for each category. It also addresses special congressional concerns by the inclusion of a chapter on "Preserving the Integrity of the CSD Fund," which encourages better planning, monitoring, coding, and reporting of CSD activities.

One important change is that the Director of G/PHN's Office of Health and Nutrition (Ms. Joy Riggs-Perla) will have overall operational responsibility for the Child Survival and Disease Programs Fund. In this capacity, her responsibilities are as follows: bringing issues on the CSD account to the attention of Agency leadership; ensuring that funds are allocated appropriately and effectively; and responding to inquiries from Congress and other partners. In short, Ms. Riggs-Perla will be the Agency point person for the CSD Account.

The Assistant Administrators of all Agency Bureaus have cleared the content and presentation of the document. Moreover, Legislative and Public Affairs has worked with relevant staff on the Hill to assure congressional review and consultation.

For your reference, the CSD guidance will be included as part of the Agency Directive System, to be released in July 2000. In addition, for easy access, it will be included on both the CDIE and the G/PHN web-sites at the following web-addresses respectively: [http://cdie.usaid.gov/pmdb/CSfunds\\_guidance.doc](http://cdie.usaid.gov/pmdb/CSfunds_guidance.doc), [http://www.info.usaid.gov/pop\\_health/](http://www.info.usaid.gov/pop_health/).

While each year may bring subsequent changes, this document will continue to be the basis for all guidance on the CSD account. Here, please make a concerted effort to remain up-to-date and follow the latest guidance, particularly as it relates to budget coding.

Point of Contact: Any questions concerning this Notice may be directed to Ms. Joy Riggs-Perla, G/PHN/HN, (202) 712-4626, [jriggs-perla@usaid.gov](mailto:jriggs-perla@usaid.gov) or Ms. Joyce Holfeld, PPC/PDC, (202) 712-4727, [jholfeld@usaid.gov](mailto:jholfeld@usaid.gov).